



PUBLIC EMPLOYMENT RELATIONS COMMISSION
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF
 QUESTION CONCERNING REPRESENTATION**
 [] Amended Petition in Case _____ -E- _____

RECEIVED
 OLYMPIA WA

NOV - 3 2004

PUBLIC EMPLOYMENT
 RELATIONS COMMISSION

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER

CONTACT PERSON Juliet Jones
 ADDRESS 310 11th AVE SW
 CITY/STATE Olympia WA ZIP 98504-2600
 TELEPHONE (360) 753-0268 EXT. _____ FAX (360) 664-0665

ATTORNEY or
 REPRESENTATIVE _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 TELEPHONE (_____) _____ EXT. _____ FAX (_____) _____

2. PETITIONER

CONTACT PERSON TRACY C. BOYER
 ADDRESS 3417 ORBITAL PK
 CITY/STATE Olympia WA ZIP 98501
 TELEPHONE (360) 357-5604 EXT. _____ FAX (_____) _____

ATTORNEY or
 REPRESENTATIVE _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 TELEPHONE (_____) _____ EXT. _____ FAX (_____) _____

INCUMBENT BARGAINING REPRESENTATIVE Indicate:

[] The employees involved are not currently represented for bargaining; or

[X] The employees involved are currently represented by:

ORGANIZATION WPERA

CONTACT PERSON MARIAN GONZALEZ
 ADDRESS P.O. Box 7159
 CITY/STATE Olympia WA ZIP 98507
 TELEPHONE (360) 943-1121 EXT. _____ FAX (360) 357-7627

ATTORNEY or
 REPRESENTATIVE _____
 ADDRESS _____
 CITY/STATE _____ ZIP _____
 TELEPHONE (_____) _____ EXT. _____ FAX (_____) _____

4. COLLECTIVE BARGAINING AGREEMENT Indicate:

[X] There has never been an agreement covering the employees involved; or

[] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. BARGAINING UNIT**a. EMPLOYER'S PRINCIPAL BUSINESS**

STATE PATROL

b. DEPARTMENT OR DIVISION INVOLVED

Facilities Management

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT 20

7. DESIGNATION OF REQUEST Indicate:

[] **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.

[] **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.

[X] **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.

[] **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.

[] **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

8. OTHER RELEVANT FACTS Indicate, if applicable:

[] Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER

NAME (PRINT) TRACY BOYER

SIGNATURE Tracy C Boyer

TITLE member DATE 11-3-04